



## ***Texas Department of Insurance***

### ***Division of Workers' Compensation***

***7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645***

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### ***GENERAL INFORMATION***

**Requestor Name and Address:**

HEATLH TRUST, LLC  
PO BOX 890008  
HOUSTON TX 77289

DWC Claim #:

Injured Employee:

Date of Injury:

Employer Name:

Insurance Carrier #:

**Respondent Name:**

AMERICAN HOME ASSURANCE CO

**Carrier's Austin Representative Box**

Box Number 19

**MFDR Tracking Number:**

M4-11-1469-01

**MDR Received Date:**

January 6, 2011

### ***REQUESTOR'S POSITION SUMMARY***

**Requestor's Position Summary:** "As per the Texas Code Rule 133.301(a) Retrospective Review of Medical Bills, clearly states that once preauthorization is granted, medical necessity has been established and if the claim is denied retrospectively for medical necessity, the carrier is in violation of this rule. In addition, the preauthorization notice is to disclose if any disputes relating to compensability, relatedness, or extent are on file and they were not noted on said letter. As you can clearly see, HealthTrust obtained preauthorization and the carrier paid several of the preauthorized services before deciding to not pay the balance."

**Amount in Dispute:** \$31,152.56

### ***RESPONDENT'S POSITION SUMMARY***

**Respondent's Position Summary:** "The \$31,252.56 charges for these dates of service have not been paid because of an extent of injury issue as well as a medical necessity issue as it relates to the compensable injury. This is an injury consisting of a left should contusion and a left knee contusion that occurred 01/23/08 per the decision of a hearing office dated 10/02/08. Chronic pain management for a should sprain is not medically necessary two years after the accident date. The Explanation of Benefit forms show that the injury has been adjudicated as non-compensable when the diagnosis codes showed torn meniscus of the knee. Any treatment for the compensable injury during the above dates of service is not medical necessary per a RME examination by Juan Capello, M.D. dated 10/01/09."

**Response Submitted by:** Chartis, 4100 Alpha Road, Ste. 700, Dallas, TX 785244

## ***SUMMARY OF FINDINGS***

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 14, 2010 – August 16, 2010	CPT Code 97799-CP	\$31,152.56	\$0.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:  
Explanation of benefits dated July 13, 2010, July 20/2010, July 27, 2010, August 31, 2010, September 28, 2010 and October 5, 2010:
  - 1 – (214) – Workers' Compensation claim adjudicated as non-compensable. This payer not liable for claim or service/treatment.
  - 1 – (216) – Based on the findings of a review organization.
  - 2 – (W1) – Workers Compensation state Fee Schedule adjustment.

### **Issues**

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.307?
2. Does the compensable injury sustained on January 23, 2008 extend to include left knee MRI findings dated January 13, 2011 (1. Medical compartment and patellar inferior pole chondroalacia. 2. Medical meniscus posterior horn and body and lateral meniscus posterior horn root high signal without tear. 3. No ligament Subacromial/subdeltoid bursal fluid which could represent bursitis. 3. Factors which could contribute to impingement syndrome. Clinical correlation is suggested.)?
3. Is the requestor entitled to reimbursement?

### **Findings**

1. The requestor filed the request for medical fee dispute resolution and has met the requirements pursuant to 28 Texas Administrative Code §133.307(c)(1).
2. According to the Contest Case Hearing held on October 16, 2008 the claimant did sustain a compensable injury on January 23, 2008. The compensable injury sustained on January 23, 2008 does extend to and include a left shoulder contusion and a left knee contusion. The compensable injury of January 23, 2008 does not extend to include an aggravation of MRI cervical spine findings dated January 24, 2008. Another Contest Case Hearing was held on June 2, 2011 to decide the disputed issue listed above under **Issues**, number 2. The decision of the hearing officer was "The compensable injury sustained on January 23, 2008 does not extend to and include left knee MRI findings dated January 13, 2011 (1. Medial compartment and patellar inferior pole chondromalacia. 2. Medial meniscus posterior horn and body and lateral meniscus posterior horn root high signal without tear. 3. No ligament tears.) and left should MRI findings dated January 19, 2011 (1. Supraspinatus tendinopathy. 2. Subacromial/subdeltoid bursal fluid which could represent bursitis. 3. Factors which could contribute to impingement syndrome. Clinical correlation is suggested.)."
3. In reviewing the form CMS-1500 submitted by the requestor the diagnosis or nature of the illness or injury in Box 21 the requestor used ICD-9 code 840.9 for all dates of service with the exception

of date of service August 3, 2010; this date of service used ICD-9 codes 840.9, 836.2, 844.9, 842.00. The ICD-9 codes are defined as:

- 840.9 – Sprain of unspecified site of shoulder and upper arm;
- 836.2 – Other tear of cartilage or meniscus of knee, current;
- 844.9 – Sprain of unspecified site of knee and leg; and
- 842.00 – Sprain of unspecified site of wrist.

Review of Health Trust's request for reconsideration states, "After discussing the incorrect information being placed on the HCFAs, HealthTrust is resubmitting all claims, with proper notification of preauthorization, indicating that a correction has been made on the billing and those additional diagnosis codes have been removed."

According to ICD-9 definition, the contusion of the shoulder is listed as ICD-9 code 923.00 and contusion of the knee and lower leg is ICD-9 code 924.1. According to the definition of a contusion, a contusion is another name for a bruise. The definition of a sprain/strain is a sprain is an injury to the ligaments, while a strain is an injury to the muscle or tendon tissue. Because the compensable injury is a left shoulder contusion and a left knee contusion the requestor has billed using diagnosis codes that were not compensable.

### **Conclusion**

For the reasons stated above, the division finds that the requestor has established that reimbursement is not due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____ Signature	_____ Medical Fee Dispute Resolution Officer	_____ June 15, 2012 Date
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_____ Signature	_____ Medical Fee Dispute Resolution Manager	_____ June 15, 2012 Date
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## ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**